

2363

ARIZONA STATE DEPARTMENT OF HEALTH

(This return should preferably be made
by the person who made the original)

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No.* 84

Place of Birth

(Registration District)

County

No.

St.

| | | | |
|------------------------------|------------------------------|-----|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| Female | | | |
| DATE OF BIRTH October 1 1914 | | | |
| (Month) (Day) (Year) | | | |
| FULL NAME | FATHER | | |
| William E. Platt | | | |
| FULL MAIDEN NAME | MOTHER | | |
| Jessie May Ruler | | | |

I HEREBY CERTIFY that the child described
herein has been namedDorothy May E. Platt
(Give name in full) (Surname)
Emt E. Ruler
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered by the local registrar before giving out this form.

Blank supplemental reports of birth may be obtained from the local registrar.
10M 11-41 A.P.

453-1001-195